UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	1263.0894	
First Name	d Inventor or Application Identifier	
GRAHAM JOHN DUNNET	T, ET AL.	
Express Mail Label No.		

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APPLICATION ELEMENTS G See MPEP chapter 600 concerning utility patent application contents.			ADDRE	ASSISTANT Commissioner for Patents Box Patent Application Washington, DC 20231			
3 X	Fee Transmittal Form (Submit an original, and a duplicate for	6.	Microfiche Computer Program (Appendix)			S. Pl	
. S 2 X 2 P T 9. X	Specification Total Pa	(if applica	7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Copy b. Paper Copy (identical to computer copy)			(§ jc511 U.)	
4. X	Oath or Declaration Total Pa	ages 2		c	Statement verifying	identity of abov	e copies
	a. Newly executed (original or	сору)		ACCOMPANYING APPLICATION PARTS			
n n	b. X Unexecuted for information purposes			8. Assignment Papers (cover sheet & document(s))			
	c. Copy from a prior application (for continuation/divisional wit [Note Box 5 below]		9. 37 CFR 3.73(b) Statement (when there is an assignee) Power of Attorney				
i. DELETION OF INVENTOR(S) Signed Statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). Incorporation By Reference (useable if Box 4c is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4c, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.		11	11. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations 12. Preliminary Amendment				
though thresh then			14.		S) Status :	ent filed in prior a still proper and de ument(s)	-
				Other:	riority is claimed)	*	
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: Continuation Divisional Continuation-in-part (CIP) of prior application No.							
		18 CORREST	ONDENCE ADDR	RESS			
X Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or Correspondence address below							
NAME							_
Address	;			·-			
City		State			Zip Code	<u> </u>	 -
Country		Telephone			Fax		

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CLAIMS	S (1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATION
	TOTAL CLAIMS (37 CFR 1.16(c))	188-20 =	168	X \$ 18.00 =	\$3024.00
	INDEPENDENT CLAIMS (37 cfr 1.16	24-3 =	21	X \$ 78.00 =	\$1638.00
	MULTIPLE DEPE	NDENT CLAIMS (if applicable) (37	CFR 1.16(d))	\$ 260.00 =	\$ 260.00
		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		BASIC FEE (37 CFR 1.16(a))	\$ 760.00
			Total of	above Calculations =	\$5682.00
	Reduc	tion by 50% for filing by small en	tity (Note 37 CFR 1.9, 1	.27, 1.28).	
21. [22. T N a b	The Commissioner is No. 06-1205:	hereby authorized to credit ove es required under 37 CFR 1.16. es required under 37 CFR 1.17.			oosit Account
¢	Fe	es required under 37 CFR 1.18.			
	SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED				
		S. 1 1 5 5 11 6			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED				
NAME	Richard P. Bauer - Reg. No. 31,588			
SIGNATURE	Derbud P Burer			
DATE	December 23, 1999			

RPB\vjw